

Lesson Objectives

TRICARE Dental Program

After this lesson, you should be able to:

- Explain what the TRICARE Dental Program is and who can enroll in it
- Explain the purpose of the Tri-Service Remote Dental Program
- Explain who is eligible for the TRICARE Retiree Dental Program enrollment and how the premiums are determined



TRICARE Dental Program (TDP)

The TDP is a voluntary dental insurance program available to Active Duty Family Members (ADFMs) and Selected Reserve and Individual Ready Reserve Component (SELRES and IRR) members and their families.



Eligibility

Eligibility

Active Duty Service Members (ADSMs), as well as SELRES and IRR members on Active Duty for more than 30 consecutive days, are not eligible for the TDP since they receive their care at no cost in a Dental Treatment Facility (DTF) or through a civilian dental provider with the approval of the Military Medical Support Office (MMSO).

Requirements

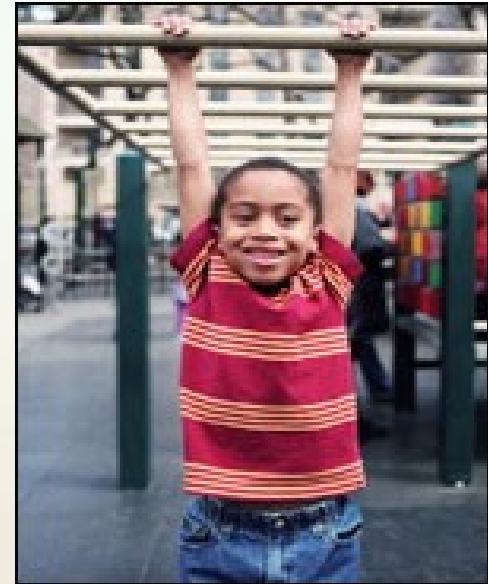
To be eligible, the sponsor must have at least 12 months of Active Duty service remaining. Once the Uniformed Services personnel office reports information in DEERS, eligibility is verified through the database. Beneficiaries must ensure their personnel information is current in DEERS to avoid problems when enrolling in the TDP.



Children

Children registered in DEERS and enrolled in TDP have dental benefits until the end of their birth month at age 21.

- For example, if a child turns 21 on June 15, her dental coverage continues until June 30.
- Children may maintain their dental benefits past age 21 if:
 - They continue their full-time education beyond age 21; they will remain eligible until the end of their birth month at age 23.
 - They have a mental or physical injury, illness, or disability sustained before turning 21 years (or before age 23 if they were a full-time college student).



Enrollment

Dental Choices

- United Concordia Companies, Inc (UCCI), administrator and underwriter for the TRICARE Dental Program.
- Two plans are available; single and family.
 - the single plan includes one eligible family member or sponsor
 - the family plan includes two or more eligible family members.
 - Benefits, limitations, and exclusions are the same for single and family plan, though access standards differ, for CONUS and OCONUS.
- All eligible family members of a sponsor must be enrolled in the family plan if any are enrolled, except children under four (they are enrolled automatically at age four) and family members living in two or more locales, or children living with divorced parents.



How to Enroll

Beneficiaries can enroll:

- Online at www.ucci.com
- Calling United Concordia (UCCI) at (888) 622-2256
- Faxing an application to (888) 734-1944
- Mailing an application to UCCI/TDP, Box 827583, Philadelphia, PA 19182-7583.

Applications must be received by the 20th of the month for coverage to begin the first day of the next month. If the enrollment form and payment are received after the 20th of the month, coverage may not be effective until the first day of the second month due to administrative processing by UCCI.

Each enrolled member will receive a TDP identification card that should be presented at each dental office visit.

Replacement cards can be requested through the UCCI Enrollment and Billing department at (888) 622-2256.



Enrollment Requirements

- The first month's premium must be sent with the application, and an automatic payroll deduction is mandatory thereafter. UCCI will notify finance centers and arrange allotments or deductions for future months' premiums. If no payroll account exists, UCCI will bill the member for the monthly premiums.
- There is a mandatory 12-month enrollment commitment, called the "lock-in period." After 12 months, enrollment continues automatically month to month.
- If you are an eligible family member of a National Guard or Reserve member called to active duty for certain contingency operations, TRICARE waives your 12-month enrollment commitment if you apply within 30 days of your sponsor's activation.



Cost to the Beneficiary

- Beneficiaries are responsible for monthly premiums as well as a cost share of the total price of dental services received.
- The cost share a beneficiary is responsible for depends on their rank and the type of care received.
- The annual maximum is \$1,200 per eligible, enrolled member. This maximum amount does not rollover to the next fiscal year and it does not transfer between family members. The benefit year runs Feb. 1 through Jan. 31. Orthodontic services have a separate lifetime \$1,500 maximum.



Submitting Claims

Acceptable Forms

- UCCI will accept claims filed on any standard dental claim form of the American Dental Association (ADA) or the **TRICARE Dental Program (TDP) claim form** developed by UCCI. A separate claim form must be submitted for each member receiving services.
- All claim forms should be submitted to UCCI within 60 days of the date of service. Claims postmarked more than 12 months after the month in which the service was provided will be denied.



How Claims Are Paid

For claims involving an orthodontic treatment plan, the date the braces are applied is used to determine timely filing. For services performed by a participating dentist, UCCI will pay the dentist directly for covered services, less any cost share owed by the beneficiary. For services performed by a non-participating dentist, UCCI will pay:

- The **member** for eligible, covered services, up to the allowable amount, less any cost share. Any part of the dentist's fee exceeding UCCI's allowance is the member's responsibility.
- The **dentist** directly only if benefits have been assigned to that dentist. Assignment may be accepted by the dentist on a claim-by-claim basis.

Provider	Who Submits Claim	UCCI Pays
Participating Dentist	Dentist	Dentist
Nonparticipating Dentist	Beneficiary	Beneficiary



TRICARE Dental Program Overseas

Beneficiaries eligible for dental care OCONUS-all locations including countries, island masses, and territorial waters, not in the CONUS service area-can also use TDP. Services provided on a ship or vessel that is outside of the territorial waters of the CONUS service areas are also covered under the OCONUS service area. The OCONUS service area is categorized into non-remote and remote locations.

ADFM's must be command-sponsored, and listed on the sponsor's change of assignment orders to receive dental care in the OCONUS service area.

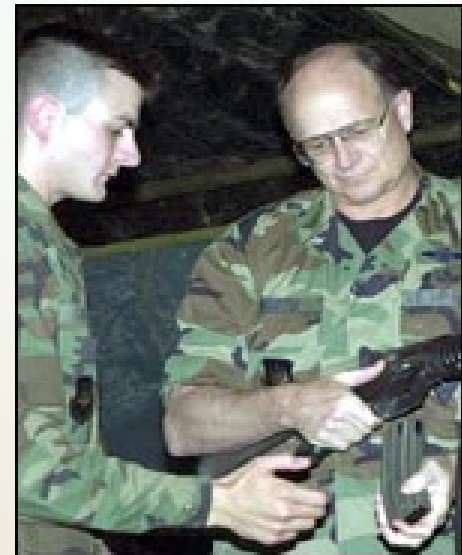
Family members may have to pay for covered services before they are rendered and they then file a claim with UCCI for reimbursement.



TRICARE Dental Program and Reserve Component Members

Reserve Component members who are activated for more than 30 consecutive days cannot participate in the TDP. If an RC member is already enrolled, then he/she is disenrolled, as they are given the same benefits as ADSMs.

RC members that are stationed in CONUS must receive their care from a Dental Treatment Facility (DTF) or through the Tri-Service Remote Dental Program. Members are encouraged to contact MMSO before seeking care. Otherwise, they may be responsible for paying for any non-authorized civilian dental care.



Tri-Service Remote Dental Program (RDP)

TRICARE's Tri-Service Remote Dental Program (RDP) extends the dental benefits of ADSMs to members stationed remotely in CONUS and Reserve Component members on continuous Active Duty for more than 30 consecutive days. The purpose of RDP is to augment, not replace, dental care provided by the Dental Treatment Facility (DTF).



Tri-Service Remote Dental Program (RDP)

Those who live 50 miles or more than an hour's drive from a Military Treatment Facility (MTF) qualify for TRICARE Prime Remote (TPR). These members are automatically enrolled in RDP.

Reserve Component members activated for 30 or more consecutive days who were previously enrolled in the TDP are automatically disenrolled from the TDP. All dental care for activated RC members will receive care through the RDP.

Service members entitled to the **Transitional Assistance Management Program (TAMP)** cannot participate in the RDP.



TRICARE Retiree Dental Program

The TRICARE Retiree Dental Program (TRDP) is a national, combined fee-for-service/preferred provider program that offers enrollees access to any licensed dentist in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.

With its current enrollment of nearly 900,000, the TRDP is the nation's largest voluntary, all enrollee-paid dental program. **Delta Dental Plan of California** administers the TRDP including handling all enrollments.



TRICARE Retiree Dental Program, continued

Enrollment

There is a minimum 12-month commitment to stay in the TRDP after which enrollment may be continued month to month.

Premiums

All premiums are paid by the enrollee and vary depending on where the enrollee lives. To view the premium rate for a specific region, visit the TRDP Website at

<http://www.trdp.org/pro/premiumSrch.html> and enter the five-digit ZIP Code.



Dental Explanation of Benefits

Beneficiaries of the dental programs receive statements as they do with the medical programs. The statement sent to beneficiaries for dental care is called the **Dental Explanation of Benefits (DEOB)**.

When a claim is processed, a DEOB is generated and mailed to the enrollee explaining which services were covered and the amount of the cost share, if any, the beneficiary is responsible to pay the dentist in addition to any non-covered costs.

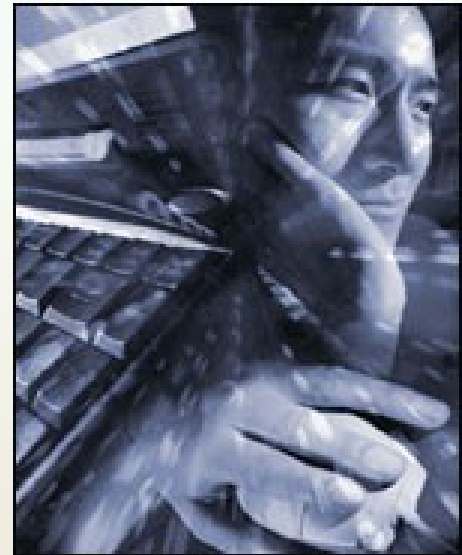
Participating dentists also receive a copy of the DEOB. Non-participating dentists receive a DEOB if they submitted the claim and payment is being issued.



Resources

For more information on the TRICARE dental programs, visit any of these Web sites:

- **TRICARE Dental Program**
- **Reserve Affairs family readiness Web site**
- **Frequently asked questions**
- **TRICARE Dental Program Fact Sheet**



Summary

Congratulations, you've finished TRICARE Dental Program!

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